



**STATE OF TENNESSEE  
DEPARTMENT OF COMMERCE AND INSURANCE  
BOARD FOR LICENSING CONTRACTORS**

Mailing Address: 500 JAMES ROBERTSON PARKWAY  
NASHVILLE, TENNESSEE 37243-1150  
TELEPHONE: 800-544-7693 OR (615) 532-3990 OR FACSIMILE (615) 532-2868

[www.state.tn.us/commerce/boards/contractors](http://www.state.tn.us/commerce/boards/contractors)

Email: [Telise.Roberts@state.tn.us](mailto:Telise.Roberts@state.tn.us)

### **Pre-Approval for Plumbing Exam**

Effective May 24, 2007, Senate Bill 0786 and HB 2122 requires plumbers to be pre-approved by the Board, prior to taking the mechanical plumbing exam (CMC or CMC-A) by providing evidence of three (3) years experience.

Please complete the attached "Exam Approval Request" form and send to the Board office. Upon receipt of proof showing three (3) years experience, the Board will send PSI confirmation to approve an applicant's SS# for testing. This process takes less than three (3) business days and requests may be faxed to (615) 532-2868; or emailed to [Telise.Roberts@state.tn.us](mailto:Telise.Roberts@state.tn.us) or you may send to the mailing address listed above. (If hand delivering, our physical address is located on the Third Floor of the Andrew Johnson Tower at 710 James Robertson Parkway; no mail deliveries at physical address.)

*Note: Please allow 5 to 7 business days for mail receipt.*

#### **Public Chapter 219**

Tennessee Code Annotated, Section 62-6-111, is amended by adding the following language as a new subsection (l): (l) Notwithstanding any other provision of law, rule or regulation to the contrary, to qualify for the Tennessee Mechanical Plumbing (CMC-A) License examination, a person must have three (3) years' experience as a plumber prior to taking the examination or have an engineering degree in plumbing or in a mechanical field.



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## Plumbing Exam Pre-Approval Request

(Check One)  
☐ CMC-A (Plumbing) Exam  
☐ CMC (Mechanical) Exam

### Applicant Information

Name: \_\_\_\_\_ SS#: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone : (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Fax : (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Email Address: \_\_\_\_\_

### Experience (\*Attach pages 2 and 3)

1. Please attach proof from municipality, county or city permit office of plumbing work (pg 2)
2. Are you an employee of a plumbing contractor? \_\_\_ No \_\_\_ \*Yes – License ID# \_\_\_\_\_  
If yes, Name of Contractor: \_\_\_\_\_  
(\*May attach copy of W-2 Form from plumbing contractor as evidence in lieu of verification on pg 2)
3. Do you have an engineering degree in plumbing or the mechanical field?  
\_\_\_ No \_\_\_ Yes – Attach copy of documentation – (\*If yes, may be approved without pg 2 - 3)

### Notarize

I hereby certify, I am at least 18 years of age, have at least three (3) years plumbing experience and the information submitted within this application is true and correct, to the best of my knowledge.

### Signature

Affirmed, witnessed and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

My Commission Expires: \_\_\_\_\_

### Notary Public

Effective May 24, 2007, legislation requires individuals to be pre-approved prior to taking the mechanical plumbing exam. In order to be approved, you must submit evidence of three (3) years experience by attaching pages 2 – 3; or in lieu of page 2, may attach copy of W-2 or a copy of plumbing license from another agency. Upon receipt, approval will be confirmed with PSI.

### For Office Use

\_\_\_\_ Approved – May take CMC-A or CMC Exam  
\_\_\_\_ Disapproved – Needs to provide evidence of three (3) years plumbing experience; need page: \_\_2\_\_ 3  
\_\_\_\_ Other: \_\_\_\_\_

Reviewed By \_\_\_\_\_ / \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_ - Sent to PSI, Inc. - \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_ - Write letter(s) - \_\_\_\_\_

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**PLUMBERS MUST SHOW EVIDENCE OF PLUMBING EXPERIENCE IN ORDER TO BE APPROVED  
TO TAKE THE CMC-A/CMC MECHANICAL PLUMBING EXAM**

**EXPERIENCE AND/OR LOCAL LICENSE VERIFICATION Section A**

*To Be Completed By Applicant*

**Plumbing Applicant's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone:**(\_\_\_\_)\_\_\_\_-\_\_\_\_ **Cell:**(\_\_\_\_)\_\_\_\_-\_\_\_\_ **Fax:**(\_\_\_\_)\_\_\_\_-\_\_\_\_;

**Applicant's Signature:** \_\_\_\_\_

**SECTION B: TO BE COMPLETED AND SIGNED BY PAST EMPLOYER, CONTRACTOR OR AGENCY**

*The above named applicant is required to submit proof of plumbing experience in the State of Tennessee as a requirement to be approved to take the CMC-A plumbing contractor's exam. Our Board appreciates your time and cooperation. Please complete, sign and return to the plumber applying to take the exam.*

Form completed by:

\_\_\_ **Employer/Plumber Contractor:** \_\_\_\_\_  
or

\_\_\_ **Licensing Agency** (County/City/Municipality Permit Office) - \_\_\_\_\_

Type of License: \_\_\_ Master \_\_\_ Journeyman \_\_\_ Apprentice \_\_\_ Not Applicable \_\_\_ Other: \_\_\_\_\_

Licensed By:

☐ Exam - Type & Score: \_\_\_\_\_ Date \_\_\_\_\_

☐ Endorsement- State/City/County \_\_\_\_\_

☐ Not Applicable: \_\_\_\_\_

**Verification**

It is my opinion, to the best of my knowledge, the above named plumber applicant has the following amount and type of plumbing experience:

**Experience:** \_\_\_ 0 – 12 months \_\_\_ More than one (1) year; \_\_\_ Three (3) years or more

**Type of Plumbing:** \_\_\_ Water Piping \_\_\_ Gas Piping \_\_\_ Water Heater \_\_\_ Backflow  
\_\_\_ Sprinkler and Fire Protection \_\_\_ Irrigation or Lawn Sprinklers \_\_\_ Sewage  
\_\_\_ Connection to Potable Water \_\_\_ Installation of Appliances \_\_\_ Fixtures  
\_\_\_ Other: \_\_\_\_\_

\_\_\_\_\_  
\*(SIGNATURE)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Title)

**\*Note:** Plumbers requesting pre-approval may not sign for themselves; must come from person verifying experience.

*(May attach W-2 form from a plumbing contractor or copy of plumbing license from another municipality in lieu of this form, otherwise, this form must be submitted as proof of experience.)*

**Plumbing Work Experience** (May attach resume)

**Name of Employer or Customer** \_\_\_\_\_

Address: \_\_\_\_\_  
(Mailing Address) (City ) (State) (Zip Code)

Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Date of Employment: \_\_\_\_\_ to \_\_\_\_\_ Total: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Beginning) (End) Years/Months/Weeks

Type of Work: \_\_\_\_\_

**Name of Employer or Customer** \_\_\_\_\_

Address: \_\_\_\_\_  
(Mailing Address) (City ) (State) (Zip Code)

Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Date of Employment: \_\_\_\_\_ to \_\_\_\_\_ Total: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
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